Senate Bill No. 0962

Testimony Overview

Provided by:

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Purpose:

To allow for people to be treated for both mental health and substance use needs in one location at a sub-acute level of care – essentially combining two currently operational license types, Adult Foster Care and Substance Use Residential. SB 962 proposes an amendment to 1979 PA 218 that would allow for detoxification services to be provided in a co-occurring enhanced crisis residential program that would be dually licensed as an Adult Foster Care and Substance Use Residential program. Although many providers are likely to pursue dual licensure once this option is available, the changes to 1979 PA 218 are non-compulsory and does not require that any provider, PIHP or CMH make the transition to a co-occurring enhanced crisis residential program.

Why:

- People being treated at the sub-acute level of care for mental health needs have a high occurrence of cooccurring substance use concerns in their lives.
- People needing both mental health and substance use treatment are currently bounced between fragmented systems of care at the sub-acute level, or are referred for inpatient psychiatric care
- Co-occurring mental health and substance use needs can be met in a less expensive level of care, reducing costly transitions of care and improving outcomes for the person needing help
 - Crisis Residential Units visits cost approximately
 50% of inpatient psychiatric hospital visits based on MDHHS encounter data for FY2016.
- 51.1% of people served were struggling with both a mental health and addiction related diagnosis
- There is a 40% increase in the likelihood of re-admission within 30 days for people who have a co-occurring substance use diagnosis at the time of their initial Crisis Residential stay

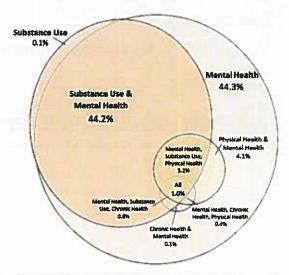


Figure 1.1: Presenting conditions of individuals at Crisis Residential Units in Michigan, FY2017

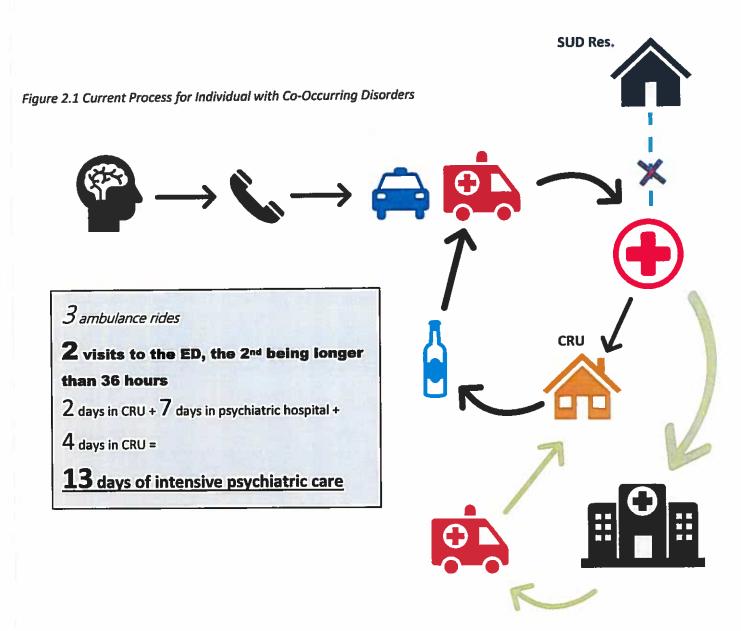


Figure 2.2 Proposed Process for individual with Co-Occurring Disorders with Licensing Changes

